## **Forestry Riparian Easement Program Application**

Landowner: Please complete this form and return to WA State Dept. of Natural Resources, Small Forest Landowner Office at the address listed at the bottom of this page.

1. Contact Information:		
Name of landowner(s)		
Address		
City, State, Zip Code		
Work phone ()	Home phone ()	
E-mail address:		
2. County Tax Parcel Number(s) of the prope	erty where the p	proposed easement premises are located:
3. List all Forest Practice Application (FPA) r		ciated with this easement:
FPA #	Approved	Disapproved
FPA #	Approved	Disapproved
FPA #	Approved	Disapproved
4. Date harvest began, if applicable: There are future opportunities to report the		(This date is used to determine easement value. st has not begun).
5. Statement of small forest landowner:		
of my representations contained in this document and i	upon my complian ure that I am a "s	arian Easement Program is conditioned upon the accuracy ce with all rules governing Washington State forest practic mall forest landowner" as defined by RCW 76.13.120(2) lge.
Landowner Signature		Date
Print landowner name		

Please mail this application to: WA State Dept. of Natural Resources Small Forest Landowner Office PO Box 47012 Olympia, WA 98504-7012